

## **CARRIER ATTESTATION FORM**

## Instructions:

Review each of the attestation and sign at the end of the document. The Data Submitter must sign this attestation document.

ATTESTATION	YES
1.) Benefit Design Attestations	
<ol> <li>Carrier attests that it will comply with all benefit design standards, federal regulation and laws, and state mandated benefits for all services including: preventive services emergency services, and formulary drug list.</li> </ol>	
<ul> <li>2. Carrier attests that its health benefit plans provide coverage for each of the 10 status categories of essential health benefits (EHBs) in accordance with the applicable EH benchmark plan and federal law: <ul> <li>a. Provide benefits and limitations on coverage that are substantially equal to covered by the EHB-benchmark plan;</li> <li>b. Complies with the requirements of 45 CFR 146.136 with regard to mental hand substance use disorder services, including behavioral health;</li> <li>c. Provides coverage for preventive services described in 45 CFR 147/130;</li> <li>d. Complies with EHB requirements with respect to prescription drug coverage. Any benefits substituted are actuarially equivalent to those offered by the Ebenchmark plan;</li> <li>f. Complies with the prohibition on discrimination with regard to EHB;</li> <li>g. Benefits reflect an appropriate balance among the EHB categories, so that benefits are not unduly weighted toward any category;</li> <li>h. Include all applicable state required benefits.</li> </ul> </li> </ul>	those nealth
2.) Stand-Alone Dental Attestations	
<ol> <li>Carrier attests that all stand-alone dental plans that it offers will comply with all ber design standards and federal regulations and laws for stand-alone dental plans, as applicable, including that:         <ul> <li>a. the out-of-pocket maximum for its stand-alone dental plan is reasonable for coverage of the pediatric dental EHB;</li> <li>b. it offers the pediatric dental EHB;</li> <li>c. it does not include annual and lifetime dollar limits on pediatric dental EHE</li> </ul> </li> <li>Selecting "Yes" indicates either:         <ul> <li>You are attesting to all statements in this section; - OR -</li> <li>You do not offer Stand-Alone Dental Plans.</li> </ul> </li> </ol>	the
3.) <u>Marketing</u>	
Carrier attests that it will comply with any applicable state laws and regulations reg health insurance marketing practices and advertising materials.	arding
<ol> <li>Carrier attests that it will not employ marketing practices or benefit designs that will have the effect of discouraging the enrollment of individuals with significant health needs.</li> </ol>	





## **Division of Insurance**

4.) Network Adequacy	
1. Carrier attests that each of its managed care health benefit plans will maintain a provider network(s) that is sufficient in number and types of providers, including providers that specialize in mental health and substance abuse services, to assure that the services will be accessible without unreasonable delay.	
<ol> <li>Carrier attests that each of its managed care health benefit plans will including in in its provider network(s) a sufficient number and geographic distribution of essential community providers (ECPs), where available, to ensure reasonable and timely access to a broad rand of such providers for low-income, medically underserved individuals in their service areas.</li> </ol>	
5.) <u>Meaningful Difference</u>	
<ol> <li>Carrier attests that it will ensure the health benefit plans it offers are meaningfully different from one another.</li> </ol>	
<ul> <li>Selecting "Yes" indicates either:</li> <li>1) You are attesting to all statements in this section; - OR -</li> <li>2) You are offering a Stand-Alone Dental Plan, which is not subject to review for meaningful difference.</li> </ul>	
6.) <u>Non-Discrimination</u>	
<ol> <li>Carrier will not employ benefit designs that have the effect of discouraging the enrollment of individuals with significant health needs or pre-existing conditions.</li> </ol>	
2. Carrier will not discriminate against individuals on the basis of health status, race, color, national origin, disability, age, sex, gender identity or sexual orientation, consistent with 45 CFR 156.200(e).	
Signature Date	

